

Department of War HAVANA Act Checklist for Current Employees or Dependents of Current Employees

This checklist is designed to assist **current** Department of War (DoW) employees and their dependents in preparing a complete application for HAVANA Act benefits. For more information, visit the DoW HAVANA Act Program [website](#).

- ✓ **Requester downloads DD FORM 3220, “ELIGIBILITY QUESTIONNAIRE FOR HAVANA ACT PAYMENT.”**
 - Visit the Defense Civilian Personnel Advisory Center (DCPAS) HAVANA Act website at <https://www.dcpas.osd.mil/havana-act-benefits-program> to download DD FORM 3220.

- ✓ **Complete Section I of DD FORM 3220.**

Complete and ensure the following information is included:

 - Valid email address
 - Phone number
 - Employment status
 - Location and date of incident in **on or after September 11, 2001**.
 - Requested Benefit (Base or Base Plus).

- ✓ **Board-Certified Physician completes Section II of DD FORM 3220.**
 - American Board of Psychiatry and Neurology (ABPN)
 - American Board of Physical Medicine and Rehabilitation (ABPMR)
 - American Osteopathic Board of Neurology and Psychiatry (AOBNP)
 - American Osteopathic Board of Physical Medicine and Rehabilitation (AOBPMR)

- ✓ **Current Employee Obtains Standard Form-50 (SF-50).**

Obtain SF- 50 Notification of Personnel Action(s) to validate your employment status as a current employee of the DoW who, **on or after September 11, 2001**, becomes injured by reason of a qualifying injury incurred while an employee of the DoW.

- ✓ **Dependents Provide documentation validating dependent status of an accompanying DoW employee on or after September 11, 2001.**

Supporting documentation may include:

 - Travel orders
 - Marriage certificate
 - Birth certificate

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Applicants that are applying for a **Base Plus** payment **must also submit one of the following as proof:**

1. **Work Capacity Documentation.**

Documentation from the Department of Labor (OWCP) demonstrating that you have no reemployment potential, **OR**

2. **Medical Certification.**

Documentation from a neurologist or physician certified by one of the following boards, certifying that you require a full-time caregiver for activities of daily living, as defined by the Katz Index of Independence of Daily Living:

- American Board of Psychiatry and Neurology (ABPN)
- American Board of Physical Medicine and Rehabilitation (ABPMR)
- American Osteopathic Board of Neurology and Psychiatry (AOBNP)
- American Osteopathic Board of Physical Medicine and Rehabilitation (AOBPMR); **OR**

3. **Disability Benefits Documentation.**

- Documentation from the Social Security Administration (SSA) confirming approval to receive Social Security Disability payments or Supplemental Security Income payments.

Examples of supporting documents may include: **SSA Notice of Award** or **Benefit Verification Memo**.

✓ **Submit application.**

Email completed & signed DD FORM 3220 and all supporting documents to dodhra.mc-alex.dcpas.mbx.dod-havana-act@mail.mil. Indicate you are filing as a current DoW employee or a dependent of a current DoW employee.